

We audited management of 30 consecutive patients admitted as surgical emergencies with perianal abscess. Findings were compared with a standard protocol written by our local colorectal department.

Only 13% (4/30) of patients' treatment followed protocol. Omissions included lack of formal examination under anaesthetic and omitting colorectal follow-up. All four patients whose management met the standard had been operated on by a senior colorectal trainee, or by trainees supervised by a colorectal consultant.

This audit has highlighted significant variation in the management of perianal abscesses by trainees within our hospital. These disparities risk delayed diagnosis of underlying pathology and recurrence i.e. patient morbidity. Improved education and guidance of trainees with an agreed local protocol is warranted.

#### 0349 EMERGENCY REFERRALS TO THE GENERAL SURGICAL TEAM AT A UK DISTRICT GENERAL HOSPITAL

Arpan Tahim, Adam Hussain, Rosamond Jacklin, Priya Patel, Christopher Kelley. *Hillingdon Hospital NHS Trust, Uxbridge, UK*

**Introduction:** Emergency surgical workload is often underestimated by clinical coding processes, which derive estimates based on admission figures, procedure codes or tariffs. The aims of this study were to accurately identify the volume and nature of actual work carried out by the acute surgery team in a typical District General Hospital.

**Methods:** Patient handover sheets, routinely used to facilitate doctor changeover, were analysed to identify patients referred to the general surgery on-call team over a 4 month period. Patient demographic information and presenting features were prospectively recorded. Information regarding length of stay, diagnosis and treatment were collated retrospectively.

**Results:** 1169 patients were referred to the general surgical team with 67.7% requiring admission. 9.5 referrals were received each day. 68% received imaging. 6.5 patients were admitted each day. 21% required emergency operative intervention. Average length of stay was 4.3 days. 36% received follow-up. Substantial numbers of outpatient procedures and investigations were organised directly from these episodes.

**Discussion:** Patient handover documents are useful in identifying true surgical workload. Estimates of workload based on operative procedures or surgical admissions are likely to markedly underestimate true surgical workloads. It is important to take this into account during rota allocations and future service re-structuring processes.

#### 0351 AUDIT OF COMPLIANCE WITH THE SEPSIS RESUSCITATION BUNDLE IN EMERGENCY SURGICAL PATIENTS

Henry Bevis, James Mitchell, Julie Cornish. *Wrexham Maelor Hospital, North Wales, UK*

**Background:** Sepsis is a major cause of mortality; however management of sepsis had been shown to be suboptimal. The 'Surviving Sepsis' Campaign is an international collaboration which recommends a core 'Sepsis six' bundle for all septic patients. This audit measures compliance following introduction of the protocol.

**Methods:** This was a prospective audit of all new surgical admissions over a consecutive five week period. The admission documents for each new patient were reviewed to determine whether they fulfilled the criteria for sepsis on presentation. Compliance with individual and elements of the sepsis bundle were recorded. Outcomes included use of blood cultures, lactate, chest x-ray and timing of antibiotics

**Results:** Thirty two patients met the criteria for sepsis. Compliance with individual bundle elements ranged from 25 - 94%. Seventy two percent of patients received antibiotics within three hours (38% < 1hr). Thirty eight percent had their lactate assessed. All elements of the bundle were completed in only 3 patients (9%).

**Discussion:** Management of sepsis is still suboptimal. Antibiotic therapy was often delayed until senior review of patients. Lactate was infrequently checked, but this was not shown to alter the management. Junior staff need further education to expedite intervention for patient's with sepsis.

#### 0357 SURGICAL MANAGEMENT OF PULMONARY METASTASES FROM COLORECTAL CANCER – THE MERSEY EXPERIENCE

Andrea Sheel<sup>1</sup>, Ahsan Javed<sup>1</sup>, Adnan Sheikh<sup>1</sup>, John Adu<sup>1</sup>, Richard Page<sup>2</sup>, Paul Rooney<sup>1</sup>. <sup>1</sup>Royal Liverpool University Hospital, Department of Surgery and Oncology, Liverpool, UK; <sup>2</sup>Liverpool Heart and Chest Hospital, Liverpool, UK

**Aims:** Pulmonary metastasectomy for colorectal carcinoma (CRC) is a well-accepted procedure; however data regarding indications and prognostic outcomes are inconsistent. This study aimed to evaluate clinically relevant prognostic factors affecting survival.

**Methods:** A retrospective analysis of patients with pulmonary metastases from CRC undergoing thoracotomy between 2004 and 2010 at a single surgical centre was performed. Data regarding age, sex, disease-free interval (DFI), location and histology of primary tumour, number of lung lesions (and size of largest resected metastasis), type of lung resection, nodal involvement (hilar/ mediastinal), use of adjuvant treatment, presence and surgery for liver metastases and follow-up survival were obtained.

**Results:** Sixty six patients with pulmonary metastases from colon (n = 34) and rectum (n = 32) were identified. Median DFI was 19.5 months, median survival was 45 months and cumulative 3 year- survival was 61%. Size of pulmonary metastasis was the only statistically significant prognostic factor (p=0.047) with lesions over 20mm associated with worse prognosis.

**Conclusion:** Pulmonary metastasectomy has potential survival benefit for patients with metastatic CRC. Improved survival even in the presence of hepatic metastases or multiple pulmonary lesions, justify aggressive surgical management. In our cohort, size of metastatic deposit was a statistically significant poor prognostic factor.

#### 0358 SCRUTINISING WORK BASED ASSESSMENTS (WBA) USED IN POST-GRADUATE MEDICAL AND SURGICAL EDUCATION: A FOUR YEAR PROSPECTIVE STUDY

Madeline Moore<sup>2</sup>, Michelle Tipping<sup>1</sup>, Jagan Murugachandran<sup>2</sup>, Marcus Reddy<sup>1</sup>, Andrew Wan<sup>1</sup>. <sup>1</sup>St George's Hospital, London, UK; <sup>2</sup>St George's Hospital Medical School, London, UK

**Background:** This four year study explores the controversy surrounding the use and understanding of WBA by consultants and registrars who have been utilising them to assess foundation programme and core surgical trainees since changes implemented by modernising medical careers (MMC) 5 years ago.

**Methods:** A prospective cross-sectional analysis of consultant and registrar views in a major teaching hospital (n>150) were gathered anonymously using a 14 question proforma in 2007 and 2011.

**Results:** Response rates were high in both years of audit (>90%). Training, in the use of WBA has increased significantly (66% to 93%) in the registrar group since 2007 (p=0.0002) with consultants remaining unchanged at 33%. 94% of consultants and registrars utilise WBA regularly when training junior doctors compared to 70% in 2007. Common free text responses (30%) expressed concern that no negative forms are completed due to trainee selection of their assessor leading to a positive bias. Consultants felt that WBA had become less effective as a training tool (35% to 28% satisfaction rates) registrars remained at 25%.

**Conclusion:** Despite an increase in the understanding and implementation of WBA neither consultants nor registrars recognise a significant benefit nor believe they have enhanced post-graduate education and learning since their introduction.

#### 0361 MANAGEMENT OF THE LEFT SUBCLAVIAN ARTERY DURING ENDOVASCULAR STENT GRAFTING FOR TRAUMATIC AORTIC INJURY – A SYSTEMATIC REVIEW

Amir Sepehripour, Kamran Ahmed, Joshua Vecht, Vania Anagnostakou, Amna Suliman, Hutan Ashrafian, Ara Darzi, Thanos Athanasiou. *Imperial College, London, UK*

**Objectives:** Traumatic thoracic aortic injuries may be associated with high morbidity and mortality. Endovascular stent-grafting is an established